NOTICE OF INDEPENDENT REVIEW DECISION

December 30, 2002

RE: MDR Tracking #: M2-02-0980-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 36 year old male sustained a work-related injury on ___ when the truck he was driving was hit from behind. The patient suffered injuries to his lower back, right hand and shoulder. An MRI of the right shoulder revealed marked anterior cuff tendinosis. An MRI of the lumbar spine revealed herniated nucleus pulposus at L4-5 and L5-S1. Treatment has included pain medications and physical therapy and the treating physician has recommended that the patient undergo a work hardening program.

Requested Service(s)

Work-hardening program 5 times a week for 6 weeks.

Decision

It is determined that the work-hardening program 5 times a week for 6 weeks is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation states that the patient needs a work-hardening program; however, there is no specific information to indicate what type of program is proposed. The record indicates that the patient has decreased rotation of the right shoulder; however, there is no indication of the specific type of therapy, treatment or expectations of improvement. The patient would benefit from additional physical therapy but the record lacks sufficient documentation to warrant a work-hardening program. Therefore, the work hardening program at 5 times per week for 6 weeks is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Comission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of December 2002.